DESCRIPTION OF DEATH

RECEIVED

FEB 6 1945

BUFEAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 9140 CERTIFICATE OF DEATH Reg. Dist. No. . The collegibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County... town limits, write RURAL and give nearest town carefully (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: death clearly Street No. (If rural, give LOCATION) information of death clear How long in hospital or institution? 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION causes MARGIN RESERVED FOR BINDING item of 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date shove stated: that Lattended deceased from 8.(c) If alive, give age 7. Birth date of and that I last saw h. . . . alive deceased (mo., day, yr.) Supply DURATION Immediate cause of death 8. AGE: If less than one day 9. Birthplace. Physicians: (Town, county, and state) 10. Usual occupation... 11. Industry or busines 12. Namo. important. 13, Birthpiace (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace 14. Maiden name. Major findings of operations..... PLAINLY especiall PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicido, or homicide..... (month) (day) (year) Where did injury occur? .. (County) (City or town) Injured at home, farm, Industry, public place (where?) Moans of Injury Injured at work? Dato signed.

St., Baltimore (97)		
E OF DEATH	Reg. Dist. No	92
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:	
State Mod	/ / _ //	*************
City or town (If outside city or town)	imits, write RURAL and give near	est town)
Street No(If rural.	give LOCATION)	****************
2.(a) If veteran, name war	***************************************	
	3. (b) Social Security N	lumber
-6.	219-10-1 CERTIFICATION	8736
2B. BATE DF BEATH	1945	at 1103
21. I CERTIFY that death occurred on the date of that I last saw harmoniate cause of death.	1045 to fan (*) Tio colomis	1944 1944 DURATION

Due 10		
***************************************	***************************************	(01000001100000000000000000000000000000
Due to		***************************************
Diher conditions	gfertirin	***************************************
(Include pregnancy within	a 8 months of death)	
Major findings of operations		
Autopsy results	••••••••••••••••••	********************
22. VIOLENCE: If death was due to external		- in deally s
Accident, suicide, or homicide		********************
Where did inhere occur?	Maria Louis III Cont.	

(County) (State)

injured at work?

M. D. or other MARL Date signed 1-22-43 THE PARTY OF THE PARTY OF HEALTH

FEB 6 1945 BUREAU V.S.

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PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH Evidence for change of age of deceased is shown on

2411 N. Charles St., Baltimore 1/22

00383

FILM No.G 9 2 MAR 1 U 1943 CERTIFICAT	E OF DEATH Reg. Dist. No. 96
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Oklahoma County OSa.ga City or town Tulsa (if outside city or town limits, write RURAL and give nearest town) Street No 2244 East 10th Street (If rural, give LOCATION) 2.(a) If veteran, name war NORLD WAR II
3. (a) FULL NAME David Byron B R O C K 4. Sex 5. Color or race F. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
a. ack	MEDICAL CERTIFICATION

J. (G) FULL NA	TAN C		3. (b) Social Security Number
David	Byron B R	O C K	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
Male	White	Single	20. DATE OF DEATH 23 January 1995 at 737 P.
		6,(c) If elive, give age	and that I last saw h.1. M.A. alive on
8. AGE: Ye	ears Months	Days if less than one day	Phen monitis acute Hencuberi 24-36h
2011	US Nav	, connty, and state)	Due to.
13. Birthplace	y Clifford Unknown	BROCK	Other conditions Peritaritis, General acute, 18 hrs. Early. (Incinde pregnancy within 3 months of death)
15. Birthplace	Unkno Naval Hosp	ital NavTraCenter	Major findings of operations No. S. & S. & William of Revi for the Autopsy results D. T. Mara Hemon L. T. Russmanni for Reuly PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	Dal Horldge	, Maryland.	3 AT SUPERATO, A COSC MARCELLING CHE CENSO TO WINDOW SOUTH SE CHANGES COMMISSION OF CHANGE COMMISSION OF CHANGES COMMISSION OF CHANGES COMMISSION OF CHANG

Where did injury occur?(City or town)

Means of injury

Address (Date rec'd by registrar)

Injured at home, farm, industry applic placa (where?)

FEB 6 1945
BUREAU V.S.

PLEASE WRITE

VS A15

ect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

00399

See Diat. No. 94

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State March County Cecil
City or town	City or town Month East Rural
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME (VIII)	3. (b) Social Security Number 220-09-5269
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male lithete maniel	ACLAR BS 115 024G
S I R I I	20, DATE OF DEATH 19 CO 19 CM
8.(6) Name of husband or wife. On the Websell of the State of the Stat	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from
7. Birth date of T. B. (c) It alive, give age D years	and that t last saw h
deceased (mo., day, yr.) July - 106	Immediate cause of death
8. AGE: Years Months Days If less than one day	
7	
9. Birthplace (Town, county, and state)	Ove to JANNOO
10. Usual occupation.	Due to
11. Industry or business Die Brick Co-	UVE IV.
12. Name Concession 13. Birthplace	Other conditions
	(include pregnancy within 3 months of death)
14. Malden name Margaret Bake	Major findings of operations.
15. Birthplace	Bate of op.
18. Informant Daral Careron	Autopsy results.
Address North Rose R D Md-	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Jan 291945	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Date thereof	Where did inhur accur?
Cemetery or crematory	(City or town) (County) (State)
Location	Means of hijling at work?
18. Funeral director.	/WOO Do la esa Ista Odical Examine
Address With his hold	28 SIGNATURE COUNTY OF COCI COUNTY
19. And 29 19.45 Julia V. Quella Registrar	Addes Liamy Sun M. D. or other

HEADY TO TARREST TO STATE OF THE

FEB 2 1945 FUREAU V.S.

FEB 6 1945
RUREATIV

2411 N. Charles St., Baltimore 30

00392

Date signed ..

		CERTIFICA	TE OF DEATH	Reg. Dist. No	98
1. PLACE OF DEATH: County	onths ath occurred on, Pe	, 1 day	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a Delaware State Country or town Imits Hazel & Delaware (If outside city or town limits Street Ro. (If rural, give orld	write RURAL and give ne AVE.	
3. (a) FULL NAME				3. (b) Social Security	Number
		Thomas J.		-	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced				ERTIFICATION	
Male White		Married	20. DATE OF DEATH January 1	8 19 45	9:40 F
6.(6) Name of husband or wife. MTS. Birth date of			2t. I CERTIFY that death occurred on the date about the company of	44 January	18 19 44
deceased (mo., day, yr.) March,	1898				19
8. AGE: Years Months 10	Days	If less than ooe day	Immediate cause of death Central Nervous Syste Meningo-encephaletic	em Lues,	DURATION 4 Vrs.
10. Usual occupation			Due to Due to Other conditions Psychosis with	eentrol nerv	
Z 13. Birthplace Unknown		wn - Elliott	System Lues, Moningo-en (Include pregnancy within 8 m	ncephaletic t	er 8 Mo.
16. Informant Hos pi tal Recor		on Perry Point.	Autopsy results. Not orform PHYSICIAN: Please underline the cause to wb	ned	statistically.
t7. Removal (Burial, cremation, or removal, Which?) Cemetery or crematory. Gracelaw	Date there wn lifem	1-19-45 (month) (day) (year) orial Cemetery Wilmington, Dol.	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(County)	(State)

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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FEB 6 1945 BUREAU V.S. set age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correis especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State A Mary Saunty County
City or town (if outside city or town limits, write RURAL and give nearest town)	16 115 110 - 10 11 A
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Toolitution, or street address where death occurred	Street No
Now long to hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME \checkmark	3. (b) Social Security Number
der carl les	733-22-7830
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m' were mairied	20. DATE OF DEATH & COM: 12 19 45 at 530 %
8.(6) Name of booband or wife. Elittle Coll	21. I CERTIFY that feath occurred on the date above stated; that I attended deceased from
B (c) If allow the area 90	
7. Birth date of Q Q Q Q Q Q Q	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
3 (- 7 3hrsmin.	
a Distribute Isanley W. Verquiece	Bue to.
9. Birthplace (Town county, and state)	But the second s
10. Usual occupation Deficiency	Bue to
11. Indostry or business	
12. Name Office	Other conditions
2 13. Birthplace Sully assulf ever usque	(Include pregnancy within 3 mooths of death)
14. Maiden name June Vindential 15. Strington Manually W. Vindentia	Major findings of operations
2 15. Birthotace Mauley W. W. Mynia	Date of op
16. Informant Synch Editle Odle	Aotopsy results
Address Sto. Reed Tallage Musicy Du	PHYSICIAN: Please underlies the cause to which death should be charged statistically.
17 Removal Bate thereof Jan 15.41	22. VIOLENCE; tf death was due to external causes, filt in the following:
(Bural, cremation, or removal. Which?) Bate thereof (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location West or give	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address Muwash Dul.	23 Server County
10 Jan 13 1045 3/1 Frazer	Per 111 September 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Vate rec'd by registrar) Registrar	Address Date signed

FEB 6 1945
BUREAU V.S.

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CERTIFICAT				ATE OF DEATH Reg. Dist. No. 96
1. PLACE OF DEATH: County City or town. Veterans Administration, Perry Point Rd (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr, 7 mo. 24 da. Hospital, institution, or street address where death occurred: Veterans Administration, Perry Point, Id. How long is hospital or institution?. Same as above. 3. (a) FULL NAME PLAN E. CONNOLLY			mo. 24 da. d: ry Point, Md. ho.ve	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Pennsylvania County Allegheny City or town Wilkinsburg, Pa. (If outside city or town limits, write RURAL and give nearest town) Street No. 246 Highland Road (If rural, give LOCATION) 2.(a) If veteran, name war. W. W. I
4. Ser Female	5. Color or race Whi te	6.(a)Singi	e, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20, DATE OF DEATH. January 13 19 45 at 2:45P
			c) If alive, give age	
8. AGE: Years 64	Months 11	Days 11	If less than one day	Cerebral Thrombosis, with soften-
11. Industry or bosiness 12. Name	Nurse Unknown Ireland	•••••	ntate)	Due to. Due to. Die
14. Malden name 15. Birthplaco 16. Informant	Ireland pital Rec		ion,Perry Point	Major findings of operations. Date of op.
17 Removal (Burial, cremation, Cometery or crematory	Homewood tsburgh, de choco	Date there and Come Pa.	eof 1-15-45 (month) (day) (year) tery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DIPARTMENT OF REALTH

CERTIFICATE OF DEATH

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FEB 6 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

PLEASE

A15 VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00396

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH TO A CONTROL OF THE PROPERTY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Post Salling State	Mahlland Hill
City or town (If outside city or town limits, write RURAL and give nearest town)	(Parattinille)
Hot tought anoth himse & acast resemble section to the section to	(If ontside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, nama war
3. (a) FULL NAME alex C	23. (b) Social Security Number
4. Sex 5. Color nryace / 6.(a) Single, married, widowed, nr divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH Juneary 10th 19.45 - at 2 3 OP
Domnies Wards (Grass)	21. I CERTIFY that death occurred on the date afore stated; that I attended deceased from
6,(b) Name of husband or wife.	Del and be 12 19 42 10 January 10 19 45
7. Birth date of	and that I last saw h warm alive on free free free free free free free fre
deceased (mo., day, yr.) ///// 8, 1847	Immediate capse of death DURATION
8. AGE: Years Months Days If less than one day 2 2hrsmin.	General athermata 5
Morilson, md	Due to Infunction of Ege
9. Birthplace	Due to.
10. Usual occupation, Lard Master (leweld)	
11. Industry or business Cenna. C. A.	Due to
12 Name Vistor Craix	Other conditions.
12. Name / setter craig 13. Birthplace Chil la ma	
	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Gibson 15. Birthplace Cesil co. Mil	Major findings of operations.
El 15. Birthplace	Date of op.
18. Informant of Imme Wand Crang	Autopsy results
Address acryville, my	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 Burial Date thereof Saw 13,1945	22. VIOLENCE: If death was due to external ceuses, fill in the following;
(Burial, cremation, or removal/Which?) Date inereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory & MANULASTUM	Where did injury occur?
Location markestown ceiles. Will.	Injured at home, farm, Industry, public place (where?)
18. Funeral director all a. Ostterson & Son	Means of Injury Injured at work?
Bolassi and	1 3 1
Address Chy Ville, Min.	23. SIGNATURE L. T. Magnace
19. (Date ree'd by registrar)	Address Persyalle Med Date signed 1-11-45
(Date rec'd by registrar) Registrar	Address Date signed

FEB 6 1945

MARGIN RESERVED FOR BINDING

PLEASE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-c)

CERTIFICATE OF DEATH

00397

	No. 94
DI	N. /6
DIET.	140

1. PLACE OF DEATH: County Cecll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
City or town	State Pennae County
How long in above place of death? 4 - 1/2 months	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1100 Gale St.
How long in hospital or institution? 15 minutes	2.(a) If veteran, name war We We II
3. (a) FULL NAME	3. (b) Social Security Number
DINOFRIO, Joseph Anthony	
4. Sex 5. Color or race 6.(a) Slagle, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White	20. DATE OF DEATH 2 January 19 45 al 2:15 A m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h im alive on 2 January 19 45
deceased (mo., day, yr.) 30 June 1919	Immediate cause of death
8. AGE: Years Months Days If less than one day	Injuries Multiple Extreme 25 min.
25 6 2hrsmin.	
9. BirthplaceFreeland, Penna. (Town, county, and state)	Due to Auto accident
10. Usual occupation	
11. Industry or business	Due 10
12. Name Unknown 13. Birthplaco Unknown	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Unknown 15. Birthplace Unknown	Major findings of operationa
	Date of op.
18. Informant U.S. NavHespital, NavTraCen	Actopsy results
Address BAINBRIDGE MARYLAND	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Romanull) Jan. H 1943	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, demation, or removal. Which?) Dato thereof (month) (day) (year)	Accident, Guide, or homistic. Dato of 1/2/45
Cemetery or crematory	Where did injury occur? Aiken Cecil Mide (City or town) (County) (State)
To Freeland Linerness. Pa	Injured at home, farm, Industry, public place (where?)
18 Eugene disposed III a Gatterson & Son	Means A-injury Injured at work?
18. Funeral director Level Co. Carlette T. South Co.	Words An Mater Carl County
1 2 (9 CD / 7	28. Picharune M. D. or other
19. Jate ree'd by registrar)	affecting sunful Date signed 1-2-45

CHARTLAND STAIR DEPARTMENT OF DEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

n	D:-A	No. 9.4
	00	398

CERTIFICA	ATE OF DEATH Reg. Diat. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother) State County City or fown (1f odtside city or town limits, write RURAL and give nearest town) Street No. (1f rurat, give LOCATION)
How long in hospitat or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Nellie Blanche A Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	Junlar 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Ferrall Whyte Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. 2 1945 21 9. 40 9.
B.(b) Name of husband or wife	21. I CERTIFY that loath occurred on the date above stated: that I attended deceased from 1944 2and that I last say h & alive on Alle 30
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 7. 2. (0) 1	Immediate squee of death DURATION
9. Birthplace Moth East Md (Town, county, and state) 10. Usual occupation Housewale	Due to Bardii Wasendar Neme
11. Industry or business 12. Name — Garle W Heart 13. Birthplace — angland	Due to
13. Birthplace 14. Maiden name	(Include pregnancy within 3 months of deuth) Major findings et operations.
16. Informant Allen Bidale	Antopsy results
Address 17. Bullian Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cometery or crematory Melhodish Location Mouth East Engl	Where did injury occur?
18. Funeral director Joseph Reliant Hadress Prough East, Ind	Means of Injury Injured at work?
19. Lata & Owena (Date rec'd hy registrar) Registr	23. SIGNATURE M.D. or other

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RUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

CERTIFICATE OF DEATH

00399

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	Dist.			6	1/
704	Dint	No		-/	-

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn infants give residence of mother)
City or town (If outside city or town lights, write RURAL and give nearest town)	State I Mary Lange County Ct Col
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street eddress where death occurred:	Streef No
How long in hospital or institution?	(If rurai, give LOCATION)
3. (a) FULL NAME	2.(u) If veteran, name war
Robert alexander 16.	3. (b) Social Security Number 2/7-69-8939
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male While Mauricol	20. DATE DE DEATH JOURNEY 8 1940 st 53. P.
6.(b) Name of husband or wife Janua Luae I farrigan	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	19,44 , to 500 9 19.45
7. Birth date of deceased (mo., day, yr.) (C[-24 - 1883	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
6/ 2 /5hrsmin.	Corenous pades
9. Birthplace Tair Toill Ceail Co box	
(Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	
E 12. Name Having Thefander Harriga	Other conditions
\$ 13. Birthplace Mary Land	(Include pregnancy within 3 months of death)
14. Maiden name Many College Chary Land	Major findings of operations Carabana Areals
2 15. Birthplace Mary land	Hypertrophy J. Proteta Date of op. Dec 5-19.
16. Interment Mrs. Zama Mfarrigan	Autopsy results.
Address Ellelin R. B. B. W.	PHYSICIAN: Please underline the cause to which desth should be charged statistically.
1 1000	22. VIOLENCE: If death was due to external causes, fill in the following;
(Euriai, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory (hours / tell (smallery	Where did injury occur?
Location horry Toll Civil Co Deld	Injured at home, farm, industry, public place (where?)
18. Funeral director Februare E abunash-	Means of Injury Injured at work?
Address Elkhor R. Ll. 5 - Jud/	Me Re Deli WA.
way 10 mile Fletnesser	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Lekeon no Date stened 19 45

FEB 6 1945
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



CERTIFICATE OF DEATH

0040094

	Rog. Dist. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
Cliy or lowa	State County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Margaret R. Harvey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
Jamale White married	20. DATE OF DEATH & CM. 2/ 1945 at 89.
6.(b) Name of husband or wife Itany & Harvey	21. I CERTIFY that wath occurred on the date above stated; that I attended deceased from
721	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years (Months Days If loss than one day	Immediate cause of death
66 - 16 min.	LOWWING
0	
9. Birthplace (Town, county, and glate)	Due to Due to
10. Usual occupation Amazine	
1t, Industry or business	Due to
12 Name aldridge P. Reynolds	Dither conditions.
12. Name aldridge P. Leynolds 13. Birthplaco North T. I my	
14. Maidon name Matilda & Dodan	(Include prognancy within 3 months of death)
14. Maidon name Matilda & Dodson 15. Birthpiace Northendeld Co. Virginia	Major findings of operations.
m · c · · 1	Date of op.
18. Informant	Autopsy results
Address North last, Ma.	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Methodis Constant	Where did injury occur? (City or town) (County) (State)
Marl E 1 ml	
Location O T	Injured at home, farm, industry, public place (where?) Means of Jajury injured at work?
16. Funeral director	means of payers injured at work?
Address Worth East Md-	- Well Touron Miles Cecil County
an 24 " Lida Howens	28 SIGNITURE M. D. or offigr
19 Hamiltonia (Date rec'd by registrar) Registrar	address Date signed & 2 40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

00401

. CERTIFICAT	LE UF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	City or town (If outside city or town limits, write LURAL and give nearest town) Sirect No. 9 (If rural, give LOCATION) 2.(a) If veleran, eame war
3. (a) FULL NAME Charles Peter Hu	3. (b) Social Security Number 579-22-6629
4. Set 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
8.(6) Name of Authors or wife. Eana Muester	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
7. Birth date of deceased (mo., day, yc.) Mov. 22 1893	Immediate case of death
50 6 24min.	Due to / love books
10. Usual occupation. (Town county, and state)	Due to
11. Industry or business 12. Name Colliciante decenter 13. Birthplace demands	Other conditions
14. Maiden name Palella Solure. 15. Birthplace Cleary ny.	(Include pregnancy within 3 months of death) Major findings ol operations.
16. Informant ICAN Menuation	Actopsy results
Address Durial (Hurfai, cremation, or removal, Which?) Address Date thereof January (17, 1945) (month) (day) (year)	22. VIOLENCE: If death was due to extereal causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory will born at, Greeky terisal	Where did injury occur?
18. Funeral director le a Patterson 4 Son	Means of Injury lejured at work?
Address Oerryvell, Md. 19. Jack 7. 19. 45 Dresse E. D. Registre	21 SIGNATURE COUNTY MILE, Coil County M. D. or other 1-16-46
(Registrar)	11 Address signed A



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MARGIN RESERVED FOR BINDING

EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cornis especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



00402

CERTIFICATE OF DEATH

96

CERTIFICA	AIE OF DEATH Rog. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Cecil City or town Veterans Administration Perry Point, (If ontside city or town limits, write RURAL and give nearest town)	dd State Maryland County Boots
(If ontside city or town limits, write RURAL and give nearest town) 80w long in above place of death? 1 mo. 4 da.	City or town BOX 291, Rt al6, Belto 21, (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Veterans Administration, Porry Point, 14.	Street No
How long in hospital or institution? 1 mo. 4 da.	2.(a) If veteran, name war
3.(a) FULL NAME HUNTER, John F.	3. (b) Social Security Number 217-01-1739
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION .
Male Mite Married	20. DATE OF DEATH. January 19 1945 10:154.m
8.(6) Name of Austrand or wife. Mrs. Acros (Maiden name	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Proceembors 27 1999	December 15 19.44 to James 19 1945
7. Birth date of deceased (mo., day, yr.) December 23, 1888	and that I last saw him alive on January 19 19.45
8. AGE: Years Months Days If less than one day	Immediato cause ol death
56 - 27 - hrs m	Central Nervous System Lues, Menin
9. Birthplace Peckville, Pa.	50 encohalitic type Over 5 yrs
(Town, county, and atate)	Pleurisy, rt. lower chest Unknown
18. Usual occupation Machinist	Due to.
11. fodustry or business	Due 10
12. Name. Unknown 13. Birthplace Unknown	Other conditions Psychosis vi th symbilis of
13. Birthplace Unknown	
14. Malden game Unknown	Central Nervous System, Meningo - 3 renths oncephal finclude pregnancy within 3 mooths of death)
14. Maiden game. Unknown Signature Unknown Unknown	Major findings of operations.
16. Informant Hospital records	Actors results Not performed Date of op.
Address Veterans Administration, Perry Point.	PRINCIPAL DE LA
	22 VIOLENCE, if death was due to external sources fill in the followings
[Burlal, cremation, or removal. Which?] Date thereof January 19, 19 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. St. Asry's Cometory Annapolis	
Location Annapolis, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Ba La Hopping J. L. 25 opping	
300 00 1 01	
	23. SIGNATURE. E. Drollinger 7
19. Cate red by registrar) 19. 45. Change & Regist	A. C. Cli Maculor other rector are address. Date signed Land 45

A15 SA



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MARGIN RESERVED FOR BINDING

VS A15

.... Date signed .. Trel-1,199

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Conty
City or town	The second secon
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospitat or institution?	2.(o) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ethel Jenpins	
4. Sex 5. Color or race 3.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Vennale american Mairiel	20 4 20
	20. DATE DE DEATH JELENSONY 2 9 19.45 21 9 300
8.(b) Name of husband or wife. Canada self-self-self-self-self-self-self-self-	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
	Jene 6 19 4 3, 10 Janesany 29 19 45
7. Birth date of deceased (mo., day, yr.) Least 9 1903	and that I last saw h. E.R. alive on James 29 19 4 5
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
	My constice Hastwee 2 mo
4 hrsmin.	
9. Birthplace Mayland (Town, county, and state)	Due to Maclegueuro Hypertension 2 yes
10. Usuat occupation. EVIII William	Bue ta
11. Industry or business	
E 12. Name William Co Stone	Other conditions
Z 13. Birthplace Wansland	
	(Include pregnancy within 8 months of death)
14. Malden name The Hundge 15. Birthplace The anglown	Major findings of operations
El 15. Birthplace Many Complete	Date of op.
16. informant of samuel Almpino	Autopsy results 2000L
Address Warielo Md	PHYStCIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to externat causes, filt in the following:
17. Burdal Pate thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Pales Telementery	Where did injury occur?
Location Middle Comment States	injured at home, farm, industry, public place (where?)
18. Funerat director	Means of Injury tnjured at work?
Address 9 n 9 Poplar) & Trut	0 00 000 0-0
761 20 112 12	23. SIGNATURE Carried S. Colors for M.D. M. Defor other
(Date rec'd by registrar) (Date rec'd by registrar)	Address 1000 Ference 10 Bate signed the Color 1/2
(Date rec'd by registrar) Registrar	Address Date signed Date

Address 1000 Ference st

wilmington Del

MAR 5 1945 BUREAU V.B. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0



00404

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State	
3. (a) FULL NAME Yeorge W. Nones	3. (b) Social Security Number	
4. Sex 5. Color of faco 8.(a) Single, married, widowed, or divorced Widowed 6.(b) Name of husband or wife Harriet Jones 7. Birth date of deceased (mo., day, yr.) June 12, 1870	MEDICAL CERTIFICATION 20. DATE DF DEATH	
8. AGE: Years Months Days It less than one day 70 7 //	Due to. Due to. Due to.	
12. Name. Glorge P. Hones 13. Birthpiaco Conowigs · md,	Biher conditions	
16. Informant Converge . md. 16. Informant Converge . md. Address Consumage . md.	Autopsy results	
Bate thereof (month) (day) (year) Cemetery or crematory Location	Accident, suicide, or homicide	
18. Funeral director & E-Stysyman Md Address Printy Styn Md Plan 26 "19 455 Amnorfying of a	Table 1 Signature	

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FEB 2 1945
BUREAU V.S.

VS A15

vidence	for change of	
	death is shown on	
M No C	9 4 APR 7 1945	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-01

CERTIFICATE OF DEATH

00405

		1000
Reg.	Dist.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	City or town (1f cutside city or town limits, write RURAL and give nearest town) Street No. (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME and L Key	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced James of husband or wife	20. DATE DF DEATH. 21. I CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs. min.	and that I last saw h. & silve on 19.45 Immediate cause of death fell clear DURATION
9. Birthplace (Town, county, and state)	Due to assidental falls sures
1D. Usual occupation	Due to
12. Name	Dther conditions
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations.
mis R o Fin	
Address North Sand	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
17 Berriel Briefbrand Ja 16 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
temetery of crematory	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Location Location Asserbly R Charlet	Means of injury Occidental, fall Injured at work?
Address North East, md	a a memel hill
19. Hen 16 19.45 FR Frages	23. SIGNATURE. M. D. or other 145

RECEIVED FEB 6 1945 EUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00406

CERTIFICA	TE OF DEATH Reg. Dist. No. 96
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (The pewborn infapts give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give OCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Robert a. Kir	3. (b) Social Security Number
Male white Married widowed, or divorted	MEDICAL CERTIFICATION 20. DATE OF DEATH. 23 19.45 at 12:30 M
B.(c) Name of husband or wife M. Cauline Asial Asial Asial Series age. Series	21. I CERTIFY that death occurred on the date above stated; that a stended deceased from 19
8. AGE: Years Months Days If less than one day 74 7 2 3	Immediate cause of death DURATION
8. Birthplace Tost 10 yearst Cell Co. md (Down, county, and state) 10. Usual occupation Mail Certs.	Due to
11. Industry of business . A. D. a	Dither conditions and an analysis of the second sec
14. Malden name Mary agues aisen 15. Birthplace Desid Co, und	(Include pregnancy within 8 months of death) Major findings of operations
18. Informant II. Pauline Kingh Address Gerry ville, M. Amal	Autopsy results
17. Burial, cremation, or remoyal, Which?) Cemetery or crematory Date thereof. AM. 2 8, 1943 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Warwish Ceril Cs. Will 18. Funeral director Lee a Casserson 4500	Injured at home, farm, industry, public place (where?)
Address Terry ville, W.C.	23. SIGNATURE (M. D. or other
19. Lan 27 18/45 Trene & Bauglier Riegistrar	Address Date State of Address

THE WATER SECTION AND THE PROPERTY.

STARTING AND PRACTICALLY

FEB 6 1945
BURLAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correspectably is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (454)

CERTIFICATE OF DEATH

A HOUAL DECIDENCE (LICARIES OF DECEASED.

00407

Reg. Dist. No. 96

County. City or town. City or town				(For newborn infants give residence of mother) D. C. State County City or town 3401 Porter Street, N.W. (If outside city or town limits, write RURAL and give nearest town) Washington, D. C. Street No.		
			:			
			above	(If rural, give I WW I	••••••	
3. (a) FULL NAM	Lece	, James	s C.	3. (b) Social Security Number		
4. Set	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Single	20. DATE OF DEATH Jamery 27	19.45	.12*05 P
8.(b) Name of husband or wife			e) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 16 19.39 to James 27 19.45 and that I last saw h 1m alive on James 27 19.45		
8. AGE: Year 49	Months 4	Days 22	If less than one day	Immediate cance of death. Abscess, lung, right	<u>U</u>	nknown
9. Birthplace		••••••••	•	Jule 10.		Over
The state of the s				Other coeditions Dementia Preco		
14. Maiden name				Major findings of operations		**************************************
Hospital Records Weterans Administration, Perry Point, Md. Address Removal (Burial, cremation, or removal, Which?) Cemetery or crematory Location Arlington, Va.			n, Perry Point, Md.	Antopsy results. Same as above PHYSICIAN: Please anderlice the cause to which death should be charged statistically.		
			Jan. 30, 1945. (month) (day) (year) Lonal Cemetery	22. VIOLENCE: If dealh was due to external caus Accident, suicide, or homicide	(Connty)	(State)
18. Funeral director Md. AddressHavre de Grace, Md.				Means of injury	Injured at work?	06
19. Jan	30 19 43	- In	ne 8 March	A SIGNATULINGER, Lt. Col inical Director, Veter	ans Administr	ation 7

FEB 6 1945 .
BUREAU V.F.

MARYLAND STATE DEPARTMENT OF HEALTH Evidence for change of 2411 N. Charles St., Baltimore 924 cause of death is shown on CERTIFICATE OF DEATH FILM No. G 9 4 APR 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of death?.... (If outside city or town limits, write RUKAI Mospital, institution, or street address where death occurred: information care (If rural, give LOCATION) Now long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex BINDING Itemal Supply every .6.(c) If alive, give ageyears MARGIN RESERVED FOR 7. Birth date of deceased (mo., day, yr.) If tess than one day 8. AGE: Years d (0) 9. Birthplace ronce muocarditis: several 16. Usual occopation. 11, industry or business Other conditions are and Reable mind important. 13. Birthplace (Inclede pregnancy within 3 months of death) 14. Maiden name Major fiediegs of operations..... E 15. Birthplace PLAINLY, Vis especially PHYSICIAN: Please coderlice the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; lan/3 (month) (day) (year) Accident, suicido, or homicide..... Where did injury occur?(City or town) WRITE Injured at homo, farm, industry, public place (where?) injured at work? Means of thiers PLEASE 23. SIGNATURE Registrar

RWEIVED FEB 2 1945

BUREAU V.S.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 992

CERTIFICATE OF DEATH

00409

Reg. Dist. No. 26

1. PLACE OF DEATH: Couety				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
			A de	State N.C. County Caldwell City or town Lenoir (If outside city or town limits, write RURAL and give nearest town) P. U Box 108 (If rural, give LOCATION) 2.(a) If veteran, name war Spanish American
3. (a) FULL NAMI			LIVER NELTON	3. (b) Social Security Number
4. Ser	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White		Married	20 DATE OF DEATH January 13 18 45 at 2:40P. M
8.(6) Name of husband	of wife Maid	en nam	e unknown c) If allve, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day,)	, No vemb	er 9,	1866	
8. AGE: Years		Days 4	If less than one day	Chronic Myocarditis, with myocardial degeneration Over 7 yrs.
10. Usual occopation 11. Industry or busines 12. Rame		d cont	recting	Due to Other conditions Psychosis with Cerebral Arteriosclerosis 14 yrs.
14. Malden name. 15. Birthplace 16. Informant	ospital re	cords	tica, Perry Point,	(Include pregnancy within 8 months of death) Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Borial, cremation Cemetery or crematic Location	or removal. Which	Date then	reof 1-15-45 (month) (day) (year) pel Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

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FEB 6 1945

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93.2

CERTIFICATE OF DEATH

00410

Reg. Diat. No. 96

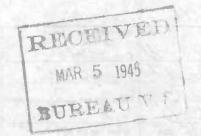
City or lown	State County City or town City or town limits write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war 3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorced Wichowed Only	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18
16. Informani Chuster Narvell Address Courses My	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Daniel Date thereof File (1945- (Burial, cremation, or removal, Which?) Cemefery or crematory Additional Condition Location Asserting Strove Conditions	22. VIOLENCE: If death was due to external causes, fill to the tollowing; Accident, suicide, or homicide
18. Funeral director Levela Patterson & Sont Address Devryville, Und 19. Feb. 18 45 June E. Dough (Date ree'd by registrar) Registrar	Means of Injury Injured at work? Injured at work?

FEB 6 1945
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 444 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. County. limits, write RIIRAL and give pearest town Hospital, Institution, or street address where death occurred: death clearly (If rural, give LOCATION) information of death clea How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 21. I CERTIFY that death/occurred on the date above stated: that I attended deceased from 7. Rirth date of Supply clease wri deceased (mo., day, yr.) DURATION If less than one day 8. AGE: 6 mo In. Usual occupation. 11. Industry or business WITH UNF important. (Include pregnancy within 8 months of death) Major findings of operations..... PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury ASE M. D. or other Registra Address.

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CONTRACTOR OF DEALER



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

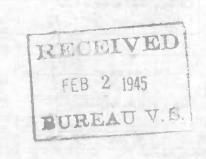
2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

	00412
	Reg. Diat. No. 9
OF DI	CEASED.

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother) State
Row long in hospital or institution?	(If rurai, give LOCATION)
3. (a) FULL NAME Centliony Paul	Peckea. 3.(b) Social Security Number
4. Som Science 6.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	
7. Birth date of deceased (mo., day, yr.) Sept	and that I last saw halive on
8. AGE: Years Mooths Days If less than one day hrs. min. 9. Birthplace (Town, county, and state)	Immediate course of death DURATION Due to. Duration DURATION Due to.
10. Usual occupation	Dua to
12. Name VIII Verna 13. Birthpiace Curefuce	Other conditions
14. Malden name nowy Sofkey. 15. Birthplace allelace	(Include pregnancy within 3 months of death) Major findings of operations.
16. informant of Pielsa 173	Autopsy results
Harial, cressation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Location Location	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director. E. Typen Address Prisers Stin Mal	Means of Injury Injured at work? Marcical Examiner Legil County
19. 1/18 - 19 45 Zmm Mhuighr	M. D. or other W. Kraung Sun Millow cloud - 17 - 46



2411 N. Charles St., Baltimore 107

00413

Da signed 1/16/45

CERTIFICA	TE OF DEATH Reg. Diat. No. 96		
1. PLACE OF DEATH: County CECIL City or town Bainbridge, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 Months Hospital, Institution, or street eddress where death occurred: US Naval Hospital, NavTraCenter, Bainbridge, Md. How long in hospital or institution? 18mdays	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother) State Florida County Odusia City or town Daytona Beach (If outside city or town limits, write RURAL and give nearest town) Street No. 512 Pine Haven, WORLD WAR 11		
3. (a) FULL NAME	3. (b) Social Security Number		
William Duncan P R I N C E. Jr. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH VANUARY 16 1945 at 11.30 R m		
6.(b) Name of husband or wife Wife: Arlene McCollough PRINCE 5.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr.) February 28, 1921	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Years Months Days If less than one day	PULMONARY EMbolism 20 MIA		
9. Birthplace Columbia, South Carolina (Town, county, and state) US NAVY 10. Usual occupation	Due to. Browcho-pweumown 16 day		
E 12. Name William Duncan PRINCE, Sr	Dither conditions		
13. Birthplace Bennetsville, S.C.	(Include pregnuncy within 3 months of death)		
14. Malden name Selma, Alabama	Major findings of operations		
U.S. Naval Hospital, NavTraCen 16. Informant Bainbridge, Maryland.	PULMONIES EMBOLISM, TELVIS Phichitis: PHYSICIAN: Please underline the course to which death should be charged statistically.		
17 Removal Date thereof Jan 17-45 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory 10, Bethune Funeral Home Location Daytona Beach, Florida.	Where did injury occur? (City or town) (County) (Stute) Injured at home, farm, industry, public place (where?)		
18. Funeral direction and attension + Soul	Means of Injury Injured at work?		
19 Jan 17 19 45 Jan E. Bughok	23. SIGNATURE US NAVAL HOSPITAL BAINBRIDGE MD. 1/16/45		

Registrar Address.

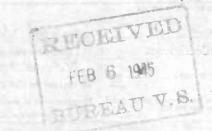
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise specially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

Date rec'd by registrar)

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and the state of

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00414

CERTIFICATE	OF	DEATH	

CERTIFICAT	E OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County Classe Preserve Lurrace	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyland County Cecel		
City or town (1f outside city or town jimits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town. (If outside city or town limits, write RURAL and give nearest town)		
How long in hospital or institution?	Street No. (If rural, give LOCATION)		
3. (a) FULL NAME	2.(a) If veteran, name war. 3.(b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Lemule White Dedowld	MEDICAL CERTIFICATION 20. DATE DE DEATH JANUARY 24 19 45 at 2:15 P. M		
6.(b) Name of husband or wife Filesake ashury Regustils.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day. yr.) Quince 17, 1871	and that I last saw h. Ake. alive on January 24 19.45		
8. AGE: Years Mooths Days If less than one day 7 7	Immediate cause of death DURATION 17 days		
9. Birthplace Garil County, Md. (Town, county, and state) 10. Usual occupation Dousewife	Oue to arterio Scherasis 20 + year.		
11. ledustry or business	Due to Thyrania Skykont Spilones 18 grs.		
12. Name Nellann Minken. 13. Birthplace Pennsylvania	(Include pregnancy within 3 months of death)		
14. Maiden name Mary Reynalds	Major findings of operations		
16. Informant Raymond B. Reynelds (Son) Address Revenable, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burlal, cremation, or removal. Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cometery or crematory. The state of the stat	Where did injury occur?		
18. Funeral director de Adams	Means of Injury Injured at work?		
19. Jan 27 18 45 Frank E. Bright	23. SIGNATURE M. D. or other M. D. or other M. D. or other		
(Sate rec'd by registrar) Registrar	Address Date signed		

VS A15

PLEASE

FEB 6 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DEATH: (Courty County (County of the County o	CERTIFICAT	ΓΕ OF DEATH Reg. Diat. No.
3. (a) FULL NAME 4. Sex 5. Dobr or rape 8. (a) Single, marries, signwel, or divorced Author 8. (b) Rame of husband or wife. 8. (c) Halles, give age. 9. DATE OF DEATH 21. DERIFF that death occurred in the date shops status; that attended deceased from deceased	County	City or town (If outside city or pown limits, write RURAL and give nearest town) Street No.
4. Sets S. Color or race 8. (a) Single, marries, bigowes, or divorced MEDICAL CERTIFICATION 20. BATE DE DEATH. 21. LOESTIFF that death occurred on the date should stated, that intended deceased from deceased (mm, day, rt). 8. AGE: Very Months 2. LOESTIFF that death occurred on the date should stated, that intended deceased from deceased (mm, day, rt). 8. Birthplace 9. Birthplace 10. Usual occupation. 11. Industry or business? 12. Name. Address 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Information Informant Information Informati	How long in hospital or institution?	2.(a) It veteran, name war
8. (D) Name of hubband or wife. 8. (D) Name of hubband or wife. 8. (C) Halles S. (C) If alles give age Search deceased from Second from	Chine Cachel	Autter
Second (Inc., day, yr.) Second (Inc., da	female white Widowell 6.(b) Name of husband or wife. Assuls & Sutter	20. DATE DF DEATH 21. L CERTIFY that death occurred on the date about stated; that t attended deceased from 18 10 10 10 10 10 10 10 10 10 10 10 10 10
11. Industry or business	8. AGE: Years Months Days It less than one day 2 2 min. 9. Birthplace	Immediate cause of death Consider a language of the second of the secon
14. Maiden name	11. Industry or business Duny Admile	
Address Antopsy results PHYSICIAN: Please anderline the cause to which death ahoeld be charged statistically. PHYSICIAN: Please anderline the cause to which death ahoeld be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Date of		(Include pregnancy within 3 months of death)
22. VIOLENCE: If death was due fo external causes, fill in the tollowing; (Burial, cremation, or removal. Which) Cemetery or crematory. Crimal County (year) Location City or town) 18. Funeral directory Classification County (State) Address 23. Signature County (County) Means of tinjury injured at work? 23. Signature County (M.D. or other)	18. Informant Paymond White	Antopsy results
Location Tight Turnall IIII Injured et home, tarm, industry, public place (where?) 18. Funeral director Sel a Fall Mann Tight Means of injury injured at work? 23. SIGNATURE 7. Magnette M. D. or other	17. Date thereof 27 /945 (Burial, cremation, or removal. Which?)	Accidenf, suicide, or homicide
Address Jerry ville, VIII. 23. SIGNATURE 7, Magnew M. D. or other	Principlin Zungen Mand	tnjured et home, tarm, industry, public place (where?)
	Address Perry ville, Will.	23. SIGNATURE 7, Magracus M. D. or other

VS A15

MARGIN RESERVED FOR BINDING

SHELMAN CO. TRUE LEVING CO. TASK CHALLENGE

CHARTER A TRANSPORT

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FEB 6 1945

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PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (07) CERTIFICATE OF DEATH

Reg. Diat. No. 90

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For payborn infants give residence of mother)
County	State Cours Class
(If outside eity of town limits, write RV AL and give nearest town)	ners la sallas
How long in above place of death?	(if outside city or town limits, write RUR and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
How long to boarded as leadingland	(tf roral, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war
S. (d) FULL HAME	3. (b) Social Security Number
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	- none
has I have I	MEDICAL CERTIFICATION
may while single	20. DATE OF DEATH. 703 14 9 M
6.(b) Name of husband or wife	21. I CERTIFY that deals occurred on the date above stated; that I attended deceased from
	Jan. 10" 19545, 10 Jan 15th 19545.
7. Sirth date of deceased (mo., day, yr.)	and that I last saw have alive on from 18.52
8. AGE: Years Months Days titless than one day	Immediate cause uf death Describe DURATION
70	J. A.M.
10-0-40-0	
9. Birthplace	Due to
1D. Usual occupation.	
11. Industry or business	Due to
E 12. Name Massa Kuse	Dither conditions
13. Birthplace . Lelaware	
s B. II. I A.L. ta.	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
El 15. Birthplace	
18. Informant	Autopsy results.
Address (FN Meddlelow 15)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Jan Bt. 1945	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. 6. Award telloup	Means of tnjury tnjured at work?
Address milliator man	0 0 000
C1 178	23. SIGNATURE M. D. oz otker
(Date ree'd by registrar) (Date ree'd by registrar)	Address Mullingler Date signed Say 14 44
	· number of the state of the st

WRITE PLAINLY, WITH UNF is especially important.

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A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore 92-d

CERTIFICATE OF DEATH

00417

Reg. Dist. No. 92

1. PLACE OF DEATH: Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	State Maryland County Could R & 5
How long in abovo place of dealh?	City or iown (If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	Street No.
4	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME William Henry	Shaffer 3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	Jan. 12 115 11200
8 20 51.11.	
6.(b) Namo of husband or wife. wa may o kaffu	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of	14 ct 4 1944 10 fare 12 19 43
7. Birth date of decreased (mo., day, yr.) Taby 18 1875	and that I last saw h
	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coronary thromboris
69 10 27hrsmin	<u> </u>
El Kiton Cecil mid	Chair and to
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Faboria	
	Duo to
11. Industry or business	
12. Name Jackases Shaffer	Dthor conditions
13. Birthplace Cercton ma	
5 ma interest	(Include pregnancy within 8 months of death)
14. Maiden namo no information	Major findings of operations
El 15. Birthplace 10 reformation	Date of op.
16 Informant Mrs Henry Dhaffer	Autopsy results.
Address Elector mf	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Berial Jan 16 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial cremation or removal Which?) (month) (day) (venr)	Accident, suicide, or homicide
SINT Cont	Where did injury occur?
Cometery or crematory	Where did injury occur? (City or town) (County) (State)
Location Election MA	Injured at home, farm, industry, public place (whore?)
18. Funeral director 24 Worspring	Means of injury tnjured at work?
Address Elekton mi	On 2 Cu: 0.5
1	23. SIGNATURE (T. T. Morrison, TH. D.
19 January 19.4.5 The Allegants Agestars	Address Elktone Med Dato signed -15-45
Megistra	

FEB 6 1945
BUREAU V.E.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

00418

CERTIFICATE OF DEATH

1	Reg.	Dist.	No. 96
~		-	

1. PLACE OF DEATH: County					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Baltinore (If outside city or town limits, write RURAL end give nearest town) 7 Wheeler Avenue		
				mo. 6 da.			
				mos 6 das	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL				NOTT, Martin	3. (b) Social Security Number		
4. Sex		5. Color or race	6.(a)Slogi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Mal	e	Wite		Single	20. DATE OF DEATH January 16 19. 45, al7:45 P.		
***************************************				o) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 10 19. 41 January 16 45 and that I last saw h im alve no January 16 145		
8. AGE:	Years	Montha	Days	It less than one day	Immediate cause of death Diseases of the coronary DURATION arteries 3 yrs 4mo.		
	56	6	22	hrs,	Division in the second		
11. lodostry or	basiness ace	Unknown Unknown Unknown Unknown Unknown			Other conditions Psychosis with cerebral arterio- sclerosis; hemiplesia right residuals right fallodiade programovy withing months of destiles, mixed type Major findings of operations. Bate of op.		
Address (Burial, cre	Honterar Try I Remo	removal Which	Date there hedral cro, Md	en Facility 1-17-45 (month) (day) (year) Cemetery	Autopsy results. PHYSICIAN: Please onderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tellowing; Accident, suicide, or homicide		
Address	Be	altimore,	Md.	F-Son Registrar	Means of injury Injured at work? 23. SIGNATURE 24. Gol., M. C Clim. Dror other Address. Date signed		

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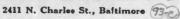


PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH



1/6421)

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long to above place of death?	City or town (1f ootside city or town limits, write RURAL and give nearest town) Street No. (1f roral, give LOCATION)
How long to hospital or institution?	2.(o) If veteran, nams war
3. (a) FULL NAME Richard Sewin & m	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single S	20. DATE DE DEATH MUNICIPAL 20 19 45 31 8 A M
6.(b) Name of husband or wite	21. I CERTIFY that deap accurred on the dale above sated: that attended deceased from 45
8. AGE: Years Months Days It less than one day 1 2 18	Immediate cause of death DURATION SYL
9. Birthplace Rising San. Clark Co. mg. (Town, county, and state) 10. Usual occopation. School Child	Due to Cheunotic Fers 540
11. Industry or business 12. Name Daniel Joseph Smith 13. Birthplace Resing Sun. Md.	Dther conditions
14. Malden name Solva med mitchell 15. Birthplace Hoys Va-	(Inclode pregnancy within 3 months of death) Major fiadiugs of operations. Date of op.
16. Informant Samuel Smith Address Rising Sun, Ind. B. It O	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bunal Bate thereat from 4/945 (Borial, cremation, or removal. Which?) Date thereat from 4/945 (month) (day) (year)	Accident, suicide, or homicide
Commentery or example of the Comment	Where did injury occur?
18. Funeral director Pusing Seen Md,	Means of Injury tojured at work? 23. SIGNATURE

Devistrar Address.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00421

CERTIFICA	TE OF DEATH Rog. Dist. No. 97
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. M. F. K. Y. 2. M. County City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widewed, or dispressed Male Black 6.(b) Name of husband or wife Mather. Agnes Briscae	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (c) Name of husband or write 2.11.2.1.1.2.1.1.2.1.1.2.1.2.1.2.1.2	January 19 1945 10 January 26 1945
9. Birthplace Manyland (Town, county, and state) 10. Usual occupation. Take Manyland (Town, and state) 11. Industry or business	Due to
13. Birthplace and 14. Malden name Rancs Hallings wax th	(Include pregnancy within 8 months of death) Major findings of operations
Address Qualwish and 17. Dale limites Date thereof (25-45- (Burial, (Burial, (Burial)) (Company) Cemetery or Dale Cemetery (Company) Location Davidle for Telande 18. Funerat director La Mesler Davids Address Townsend Del	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. Jan v3 1945 Il France (Date rec'd by registrar) Begistrar	M. D. or other

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CEDTIFICATE OF DEATH

001422

CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF PEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How tong in above piace of death? Hospilal, institution, or street address where death occurred: How tong in hospitat or institution? How tong in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mory amelia forces	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Famale Colinge Morriage	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife 8.(c) If alive, give age years deceased (mo., day, yr.) 4 9 2 - 1887	21. 1 CERTIFY that dealer occurred on the date above stated; that t attended deceased from 19. 4
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthpiace	Due to.
11. Industry or business 12. Name	Other conditions Chame prompty of white
14. Maiden name Zun Boyd 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
18. Interment Hospital Records Address Elklon Mad	Autopsy results
17. Gurial, cremation, or removal, Which?) Cemetery or crematory, Elkton crueters	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, euicide, or homicide
Location Elector md 18. Funeral director 24 whipping	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
Address Elkton md	23. SIGNATURE Meleo Sates M. D. or other
Onte ree'd by registrar) Degistrar	Address School med Date signed 1.4/45

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FEB 6 1945

BUREAU V.S.

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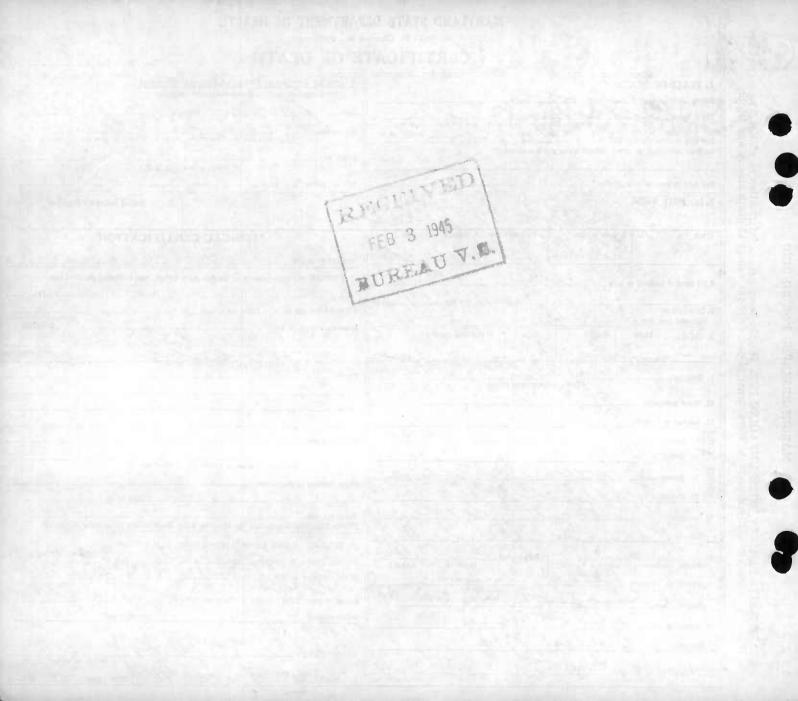
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64%)

CERTIFICATE OF DEATH

00423 Reg. Diat. No.

Beognia Institution, or street address where death occurred	County (If outside city or town limits, write RURAL and give nearest flown) How long in above place of death?	sity or find 1 10 cuse	DECEASED: nother) ty write RURAL and give near st town)
3. (a) FULL NAME 4. Sex			
8. AGE: Vear Beetlas Days It less than one day 10. Usual accouption. 11. Indinatory or business 12. Rame products 13. Birthglace 14. Battern name 15. Birthglace 16. Shringlace 17. Birthglace 18. Birthglace 19. Shringlace 20. Batto of decata becase farm industry policy occur of the shringlace 19. Shringlace 19. Shringlace 20. Batto of decata becase farm industry policy occur of the shringlace 19. Shringlace 20. Batto of decata becase farm industry policy occur of the shringlace 19. Shringlace 20. Batto of decata becase farm industry policy occur of the shringlace 19	Now long in hospital or institution?	2.(a) If veteran, name war	
6.(6) Name of husband or wife	Bertha & Julie	v	
7. Birth date of deceased (me, day, ye) Months Days It less than one day Immediate case of death Duration 8. AGE: Years Months Days It less than one day Immediate case of death Duration 9. Birthplace From, county, and state) 10. Usual ecousation Duration 11. Industry or business 12. Name Duration 13. Birthplace (Include pregnancy within 8 months of death) Major findings of operations. Due to Duration Major findings of operations. Due to Duration Major findings of operations. Due to Other conditions In Major findings of operations. Due to Other conditions Due to Other conditions Conditions Due to Other conditions Major findings of operations. Due to Other conditions Due to Other conditions Conditions Conditions Due to Other conditions Conditions Conditions Due to Other conditions	Le Weite married	20. DATE OF DEATH Lam.	10 19 45, 11 2 Q m
1. But date of deceased (mo. day, 17 deceased (mo.) deceased (m	8 (a) If allow also are 5 / ways	19	19
8. AGE: Years Menths Days It less than one day 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Marger indicates of operations 18. Introduction or removal. Which Date thereof 19. Bust thereof 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Marger indicates of operations 18. Introduction or removal. Which Date thereof 19. Cometery or crematory or crematory 19. Cometery or crematory 10. Usual occupation 10. Usual occupation 11. Industry or business 12. Name 13. Introduct or conditions 14. Malden name 15. Birthplace 16. Informant 17. Marger indicates of operations 18. Introduction of canasto to which death should be charged statistically 22. VIOLENCE: If death was offly to external causes, fill in the following: 18. Funeral director 18. Funeral director 18. Funeral director 18. Funeral director 19. Serry use 10. Death of op 10. Secondary or counts 10. Serry use 11. Industry or business 12. Serry use 13. Serry use 14. Serry use 15. Serry use 16. Serry use 17. Serry use 18. Serry use 18. Serry use 19. Serry use 10. Serry use 11. Serry use 11. Ser	7. Birth date of Marie and 2 11 1 5 6 7	and that I last saw hative on	19
9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. (Barrial, cremation, or removal, Which!) 18. Funeral director 19. Cemetery or crematory 19. Company occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. (Include pregnancy within 8 months of death) Major findings of operations. (Include pregnancy within 8 months of death) Major findings of operations. Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please undertino the cause to which death should be charged statistically. Accident, suicide, or homiging. Accident, sui	8. AGE: Years Months Days It less than one day	MY SMINING	el :
10. Usual occupation. 11. Industry or business 12. Name	Oh 7 7 hrsmla.	8 Forward	cu:
10. Usual occupation	8. Birthplace (Nown, county, and state)		
12. Name Other conditions Other condits Other conditions Other conditions Other conditions Oth	10. Usual occupation. Hunenge		
14. Maiden name	11. industry or business		
14. Malden name 14. Malden name 15. Birthplace 16. Informant 16. Informant 16. Informant 17. 16. Informant 17. 16. Informant 17. 17. 16. Informant 17. 18. Funeral director 18	12. Name 12. Name 13. Statement 13. Statemen		
16. Informant Address 17. But all all all thereof (month) (day) (year) Cemetery or crematory. Location Location Address Location Address Location Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide Where distributy occurs (Cotty or tawn) Injured at home, farm, industry, public place (where?) Means of Injury Address M. D. or other M. D. or other	# 14. Malden name mma Usincol		
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the charged statistically. PHYSICIAN: PLEASE	3 15. Birthplace Madallettua Va.		
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. But thereof (moeth) (day) (year) Location Location Means of Injury Injured at work? Address Location Manual	Plance Por to Mall	Autopsy results	ich death should be charged statistically.
Location Classification County 18. Funeral director County Address Electrons Medical Examiner 26. SCRIVATE Della Medical Examiner M. D. or other M. D. or other	(Burial, cremation, or removal, Which?) Bate thereof	Accident, suicide, or homicide	what Cere my
18. Funeral director Sections Means of Injury Injured at work? Address Electrons Medical Examiner 26. SERTURE Doctor MC. Cecil County M. D. or other M. D. or other	Charafeake. City not KN		ere?) Canac.
Address Elections md South 13th 15th San a le reliable H. Berkel Docker Mile Cecil County M. D. or other	H (1) Ping.	THE COURSE OF THE PARTY OF THE	Injured at work?
AMMINIATE 13 to the sand to relate to the sand to relate to the sand to the sa	SONT MI	IN So Dodso	I I I I I I I I I I I I I I I I I I I
	Dame and 3th 445 Jung Prayhala D. Pele	25. SENTURE	M. D. or other M. D. ar other M. D. or other



00424

2411 N. Charles St., Baltimore (250)

CERTIFICATE OF DEATH

		les St., Baltimore (30) TE OF DEATH	. 9,
	OEKTIFICA.	Reg. Diat. No	76
1. PLACE OF DEATH: County	curred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	ry.
3.(a) FULL NAME			
S X MAN	Jane /e	3. (b) Social Securi	ty Number
Jemale Cols.	Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH	7
8.(b) Name of husband or wife		1-16- 1048 10 1~	
7. Birth date of MA and 7	6.(c) If alive, give ageyears	and that I last saw h. L. alive on	19
deceased (mo., day, yr.) May 8. AGE: Years Months Days 667 2	If less than one day Mins	Immediate case of death mys cardetes	DURATION 1-18-4
PARK 1001 maid	Cetil to mod	Due to	
10. Usual occupation	rack	Due to.	
11. Industry or business	Lange.	uge to	•••••
E 12. Name	mith	Dther conditions	
13. Birthplace 14. Malden name Lake 15. Birthplace Tout Wufa	o va.	(Include pregnancy within 3 months of death)	
14. Maiden name A. Lake	Jones,	Major findings of operations	
\$ 15. Birthplace Fort Wife	son, ma.		
Address Jos Meland Bate (Burial, cremation, or removal, Which)	Drank PA 10	Autopsy results	
Address Ood Westwort,	11 21 21 18.14	22. VIOLENCE: if death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which)	thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Abes h	wy	Where did injury occur?	(State)
Location Joseph My Man	sit will dural	Injured at home, farm, industry, public place (where?)	
1B. Funeral director el a Jaj	There & Low	Means of injury jajured at work?	
Address Terry or	lle und.	De a Hours	Jul.
19 Jan 20 19 95 -	Irana E Danglas	4" 1.1 1.1	D. or other

MARGIN RESERVED FOR BINDING

SELECTED STATES OF THE STATE OF THE STATES O

CERTIFICATE OF SECTIO

FEB 6 1945
BUREAU V.S.

'ADING INK. Supply every item of information carefully. The correst Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

001425

Reg

CERTIFICATE OF DEATH

		01
Dist.	No.	16

1. PLACE OF DEATH: County Cecil				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Bainbridge Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 DAYS. Hospital, institution, or street address where death occurred. US Naval Hospital Naval Training Center, Bainbridge, Md. How long in hospital or institution? 20 DAYS.				State Arkansas County Conway City or fowe. Morrilton (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war WORLD WAR II		
3.(a) FULL NAME Calvin Coo	lidgo W L	I Tron 1	7	3. (b) Social Security	Number	
4. Sex	5. Color or race	1 F (d)Shell	6. married, widowed, or divorced			
	COLORED		SINGLE	MEDICAL CERTIFICATION 20. DATE DE DEATH Jaw 25. 1945 19		
			a) H allon else ago	21. I CERTIFY that death occurred on the date above stated; that I atfended dec	eased from - 5 19.45	
7. Birth date of 7. Sirth date of 7. Sir				and that I last saw h. 1 M. alive on Jaw. 254 1775 19		
deceased (mo., day, yr.) 8. AGE: Years	11 -5-24 Months	Days	If less than one day	Immediate cause of death Chranic nephrates	DURATION .	
20	2	20	hrs min.	4	9	
9. Birthplace Morrilton, Conway C. ty Arkansas, 10. Usual occupation. US Navy. 11. Industry or business 12. Name Unknown 13. Birthplace Unknown				Due to	4 days.	
14. Malden name. Unknown				(Include pregnancy within 3 months of death) Major findings of operations.		
16. Informant US NAVAL HOSPITAL, NAV TRA CEN				Autopsy results Chrone welcof, teal replication PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 17	val. Which?)	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	
19. Date rec'd by regist	7 19 4.5.	- Pro	E D Registra	М. D.	or other	

FEB 6 1945
BUREAU V.S.